

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of _____	State Index No. <u>112</u>		
Town of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		
or _____	County Registrar No. <u>297</u>		
City of _____	Local Registrar No. _____		
2. Full name of child <u>Ray Simmons</u>		No. <u>Dak St. Claypool</u> St. _____ Ward _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Male</u>		If child is not yet named, make supplemental report, as directed.	
To be answered ONLY in event of plural births.		6. Legitimate? <u>yes</u>	
4. Twin, triplet or other _____		7. Date of birth <u>May 1</u> 19 <u>23</u>	
5. No., in order of birth <u>2</u>		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Thomas W. Simmons</u>		Full maiden name <u>Myrtle Blevins</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Silver City</u>		18. Birthplace (city or place) <u>Claremont</u>	
(State or country) <u>New Mex</u>		(State or country) <u>Texas</u>	
13. Occupation <u>Carpenter</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against opthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>12 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Cronm.</u>	
		(Physician or midwife)	
Address <u>Miami, Arizona</u>			
Given name added from _____		Filed <u>May 31</u> , 19 <u>23</u>	
a supplemental report _____		Filed <u>6/6</u> , 19 <u>23</u>	
Month, day, year.		County Registrar.	
Registrar.		County Registrar.	

922-501-422